

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCR. O.
10-530095
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3	5		5		5
TOTAL DEP.	6	9		9		9

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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